

Free and Reduced-Price Meals

for ACPS Students in the 2023-2024 School Year



Children need healthy meals to learn. School Nutrition Services is pleased to offer FREE breakfast and/or lunch to eligible students and schools, as part of the federally funded National School Lunch Act and Child Nutrition Act, and administered by the U.S. Department of Agriculture and the Virginia Department of Education.

FREE BREAKFAST and LUNCH

will be provided to **ALL** students attending a Community Eligibility Provision (CEP) school. The schools listed below are identified as CEP schools for SY23-24:

- ACHS Minnie Howard campus
- Cora Kelly Math, Science & Technology
- Ferdinand T. Day Elementary
- Francis C. Hammond Middle
- James K. Polk Elementary
- Jefferson Houston PreK-8 IB
- John Adams Elementary/Early Childhood Center
- Patrick Henry K-8
- Samuel W. Tucker Elementary
- William Ramsay Elementary

Families of students attending a CEP school **DO NOT** need to complete the Application for Free and Reduced-Price Meals **unless** they have other children attending a non-CEP ACPS school.

FREE & REDUCED-PRICE MEAL APPLICATIONS

One application per household is required each school year.

AN APPROVED APPLICATION CAN OFFER A FULL RANGE OF HELP

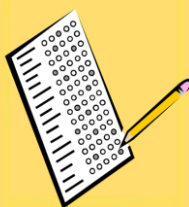
Additional
funding to
support
education



Funding for
technology and
internet access



Discounted
testing fees



Discounted
fees related to
college
applications



Healthy,
nutritious &
affordable
student meals



Apply online at www.schoolcafe.com/alexandriacps

ACPS students may qualify for free or reduced-priced meals if the family household income meets eligibility requirements. Parents who believe their children may be eligible **should** complete a Free and Reduced-Price Meal application online or via paper to determine eligibility.

*If you have received a SY23-24 Direct Certification letter, please **DO NOT** complete an application.*

Questions? Contact ACPS School Nutrition Services at 703-619-8048 or food@acps.k12.va.us

2023-2024 FREE AND REDUCED-PRICE MEALS LETTER TO HOUSEHOLD | INSTRUCTIONS

Dear Parent and/or Guardian:

Please use these instructions to complete the application for free or reduced-price school meals. Each school year, a new application is required to determine eligibility. Only **ONE** application per household is needed, *even if you have multiple children enrolled in Alexandria City Public Schools*. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact ACPS School Nutrition Services; **703-619-8048**; **food@acps.k12.va.us**. **DO NOT apply if you received a SY23-24 Direct Certification Letter for your children.**

All meals served must meet standards established by the U.S. Department of Agriculture (USDA). If a child has been determined by a doctor to be disabled, and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please contact the Director of ACPS School Nutrition Services, **Dr. Eric K. Coleman**, at 703-619-8048 for further information. All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid or are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income.

PLEASE PRINT CLEARLY USING BLUE or BLACK PEN (DO NOT USE A PENCIL or RED INK).

STEP A:		PROVIDE NAMES OF HOUSEHOLD MEMBERS WHO ARE STUDENTS, INFANTS, OR OTHER CHILDREN.															
<p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none">Children aged 18 or under AND are supported with the household's income;In your care under a foster arrangement, or qualify as homeless, migrant, or a runaway youth;College students.																	
<p>Print child's First, Middle Initial, and Last Name as it is registered with the school. Do not use a nickname.</p> <p>If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>Provide date of birth of each child. Write a number in each box to indicate the child's birth date as MM / DD / YY.</p> <p>Example: <i>Child's birthdate is May 27, 2016</i></p> <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>2</td><td>7</td><td>1</td><td>6</td></tr></table>	M	M	D	D	Y	Y	0	5	2	7	1	6	<p>What school does each child attend and grade? Provide the name of the school and grade level of each student.</p>	<p>Homeless, Foster, Runaway, Migrant children: If any children listed are <u>foster</u> children, circle the appropriate box for "Foster Child" then skip STEP D unless you are applying for both foster and/or non-foster children, then go to STEP B.</p> <p>If you believe any child listed is Homeless, Runaway, or Migrant, circle the appropriate box and complete ALL STEPS of the application. Contact the ACPS Homeless Education/Foster Care Liaison, at 703-619-8071 for more information.</p>	<p>Does the student have a job or receive money from disability, SSI, or any other source? Indicate how much the student earns and how often.</p>	
M	M	D	D	Y	Y												
0	5	2	7	1	6												
STEP B:		DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?															
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none">Supplemental Income Assistance Program (SNAP formerly Food Stamps)Temporary Assistance for Needy Families (TANF)																	
<p>If no one in your household participates in SNAP and/or TANF:</p> <ul style="list-style-type: none">Leave STEP B blank and go to STEP C.			<p>If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none">Provide your case number. If you do not know your case number, contact the Department of Community and Human Services (DCHS) office: 703.746.5700. Do Not Provide Medicaid number or EBT card.Go to STEP E.														

2023-2024 FREE AND REDUCED-PRICE MEALS LETTER TO HOUSEHOLD | INSTRUCTIONS

STEP C: PROVIDE NAMES AND INCOME FOR ALL ADULT HOUSEHOLD MEMBERS			
When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u> . DO NOT include: People who live with you but are not supported by your household's income AND do not contribute income to your household (such as roommates).			
List adult household members' names. Print the First and Last name of each adult household member as well as their age. <u>Do not list any household members you listed in STEP A.</u>	REPORTING INCOME Write a "0" in any field where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.		
	Earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue OR can be located on Schedule C of your filed income tax return.	Income from Public Assistance/Child Support/Alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income.	Income from Pensions/Retirement/All other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.
STEP D: CONSENT TO SHARE			
OTHER BENEFITS: The law allows the school division to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box on the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area. ACADEMIC/COMMUNITY SERVICES: By selecting box, you are giving us permission to share your information with school officials and programs for the use of local health and educational services such as Testing Vouchers/Scholarship Determination, Remediation/Tutoring Services, Medical/Dental/Vision clinics, Summer/Recreation Activities, School Supplies, Athletic Fees, Field Trips, Music Equipment, etc.			
STEP E: ATTESTATION – ADULT SIGNATURE AND CONTACT INFORMATION			
<i>An adult household member MUST sign the application as well as indicate Social Security Number (SSN).</i>			
Total Household Size. Enter the total number of household members (Children and Adults) which MUST be equal to the number of household members listed in STEP A and STEP C .	Print and Sign your name. Print the name of the adult signing the application and that person signs in the box "Head of Household Signature."	Provide the last four digits of your Social Security Number (SSN). An adult household member must enter the last four digits of their SSN. If the adult signing this application does not have a SSN, mark the box indicating "I do not have a Social Security Number."	Provide your contact information. Write your current address as well as share phone number(s), email address, or both as it helps us reach you quickly if we need to contact you.
STEP F: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional)			
CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.			
VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.			
FAIR HEARING: You have the right to a fair hearing. If you do not agree with School Nutrition Services' decision on your application or the result of verification, write or call SCHOOL NUTRITION SERVICES at 703-619-8048 or write the following official: Dr. Alicia Hart, Chief of Facilities and Operations, 1340 Braddock Place, Alexandria, VA 22314. Phone: (703) 619-8289.			
REAPPLYING FOR BENEFITS: You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time. <i>Documentation may be required.</i>			
MEAL POLICY: Students who do not have money on account or in hand to cover the cost of a meal at the time of service will be permitted to charge a full meal. <i>Students will not be permitted to charge for a la carte items.</i> Reasonable efforts will be made to avoid calling attention to a student's inability to pay. SNS will notify the principal daily of any unpaid meal charges. The principal's designee will then notify the parent/guardian in the parent's preferred language. After ten (10) meals have been charged, the principal will notify the parents by U.S. mail. Written notifications will include the amount of unpaid meal charges, information on submitting payment, and replenishing the student's meal accounts, as well as contact information for assistance registering for free and reduced meal benefits. In addition, the principal will designate a member of the school support team to schedule a meeting with the parents/guardians to determine whether the student qualifies for free and reduced meal benefits. Therefore, ACPs may notify the department of social services of suspected cases of child neglect.			

Sincerely,

Dr. Eric K. Coleman, MBA, M. Ed, CSC
 Director, Office of School Nutrition Services

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

2023-2024 ALEXANDRIA CITY PUBLIC SCHOOLS Free & Reduced-Price School Meals Household Application (Complete **ONE** application per household. Please use a pen.)RETURN TO: School Nutrition Services, 1340 Braddock Place, Alexandria VA 22314; 703-619-8048 • FAX: 703-619-8990; food@acps.k12.va.usApply online: www.schoolcafe.com/alexandriacps**A. CHILDREN and STUDENT Household Members** (Use a separate sheet of paper if additional space is needed)**NOTE:** For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency flip to the back of this application.

1. **PRINT** names AND birthdate of **ALL CHILDREN** in the household. Include **INFANTS** and non-ACPS students.
2. If applicable, for each **STUDENT** in the household please **ENTER** the **Name of the School** where the student is currently enrolled and their current **Grade**.
3. If applicable, please **CHECK** if CHILD/STUDENT is: **Foster (F); Homeless (H); Migrant (M); and/or a Runaway (R)**

IF CHILD/STUDENT RECEIVES INCOME FROM WORK OR ANY OTHER SOURCE ENTER TOTAL GROSS INCOME BELOW
LEAVE BLANK IF CHILD/STUDENT DOES NOT RECEIVE INCOME

PRINT First Name	Middle Initial	PRINT LAST Name	Birthdate			PRINT School Name	Grade	Foster (F); Homeless (H); Migrant (M); Runaway (R)				GROSS Income	CHECK ONE Income Frequency		
			MM	DD	YY										
1.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
2.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
3.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)
4.								H	M	R	F	\$	Weekly (W) Monthly (M)	Bi-Weekly (B) Annually (A)	Semi-Monthly (S)

B. Assistance Programs – SNAP, TANF, FPDIR | If you do not know your case number, please contact your case worker. Do Not Provide Medicaid number or EBT card.Do any Household members (including you) receive SNAP, TANF, or FPDIR benefits? ☐ NO ☐ YES If "YES," enter your Case Number: _____ then SKIP to SECTION D.**C. ADULT Household Members – List ALL household members even if they do not receive income.**

Income Frequency: Weekly (W) | Bi-Weekly (B) | Semi-Monthly (S) | Monthly (M) | Annually (A)

PRINT FIRST and LAST name		Age	GROSS Income Earnings from WORK	CHECK Income Frequency	Public Assistance • Alimony • Child Support	CHECK Income Frequency	Pensions • Retirement • All Other Income	CHECK Income Frequency
Head of Household			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A
Adult			\$	W B S M A	\$	W B S M A	\$	W B S M A

D. Consent to Share**E. Attestation:** I certify (promise) all information on this application is true, and all income is reported. I understand this information is given in connection with the receipt of Federal funds, and school officials may verify (check) the information and I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws.

- ☐ School Nutrition Services is allowed to share the information on this application with Medicaid and the Virginia Children's Health Insurance Program called FAMIS. Check box if you do not wish for this information to be shared. Your decision will not affect your child's eligibility for free or reduced priced meals.
- ☐ Your child(ren) might qualify for **ACADEMIC** and **COMMUNITY** services such as Athletic Fees, Testing Vouchers, Dental/Vision clinics, summer activities, etc. By checking box, you are giving us permission to share your information with school officials/programs for the use of local health and educational services.

TOTAL Number of Household Members (Children and Adults)
PRINT Name of Head of Household
Today's Date:**Signature of Head of Household**
LAST FOUR DIGITS OF SSN: XXX-XX-
☐ I **do not** have a Social Security Number.**F. Children's Racial and Ethnicity Identities (OPTIONAL)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility.

Ethnicity (check one): ☐ Hispanic or Latin ☐ Not Hispanic or Latin

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Street Address		Apartment/Unit #	City	State	Zip Code
Home Phone No.	Cell Phone No.	Work No. (incl. ext. if applicable)	Email		

For Office Use Only	Total Household: _____		Total Income: \$ _____ <input type="checkbox"/> Weekly (x52) <input type="checkbox"/> Biweekly (x26) <input type="checkbox"/> Semimonthly (x24) <input type="checkbox"/> Monthly (x12) <input type="checkbox"/> Annually		Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied for Income <input type="checkbox"/> Categorical Eligibility: FOSTER HOMELESS SNAP/TANF		Determining Official _____ Reviewing Official _____		Date _____
	Date Selected	Date Response Due	Date of 2 nd Notice	Date of Response	Verification Results: NO CHANGE Free to Reduced Free to Paid Reduced to Free Reduced to Paid Reason for Change: Household Size • Income • No Response/Refused to Cooperate • SNAP/TANF			Verifying Official's Signature _____	Date _____

2023-2024 INCOME ELIGIBILITY GUIDELINES					
Household Size	Weekly (paid 52 times per year)	Bi-Weekly (paid 26 times per year)	Semi-Monthly (paid 24 times per year)	Monthly (paid 12 times per year)	Annually (paid 1 time per year)
1	\$ 519	\$1,038	\$1,124	\$2,248	\$26,973
2	702	1,404	1,521	3,041	36,482
3	885	1,769	1,917	3,833	45,991
4	1,068	2,135	2,313	4,625	55,500
5	1,251	2,501	2,709	5,418	65,009
6	1,434	2,867	3,105	6,210	74,518
7	1,616	3,232	3,502	7,003	84,027
8	1,799	3,598	3,898	7,795	93,536
For each add'l family member, ADD	+ 183	+ 366	+ 397	+ 793	+ 9,509

ALL Income Should Be Submitted in GROSS Income.

The Richard B. Russell National School Lunch Act requires information on this application. You do not have to give the information, but if you do not, we cannot process your child(ren)'s application for free or reduced-price meals. You **must** include the last four digits of the social security number (SSN) of the adult household member who signs the application. *The last four digits of the social security number is not required when you apply on behalf of a foster child, or you list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) case number or when you indicate that the adult household member signing the application does not have a social security number.* We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violations of program rules.

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives Social Security benefits. A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for ADULTS		
Earnings from Work	Public Assistance Alimony Child Support	Pensions Retirement All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p><i>If you are in the U.S. Military:</i></p> <ul style="list-style-type: none"> Basic pay and cash bonuses (does NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (incl. railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

Fax: (833) 256-1665 or (202) 690-7442
Email: program.intake@usda.gov

This institution is an equal opportunity provider.